

2010 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

Name of Committee The Committee to Re-Elect John A. Hatcher, Chancery Judge LLC

Address 111 W. Clayton St. P.O. Box 1 Baldwin, MS 38824

Telephone 662-365-1220 Fax 662-365-1252

Treasurer John D. Haynes Sr Email jhaynes@fmb.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☒ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions | \$ -0- +\$ -0- | \$ -0- | \$ -0- |
| Total amount of disbursements | \$ -0- +\$ 407.01 | \$ 407.01 | \$ 946.81 |
| Total amount of cash on hand | | \$ 3,032.89 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

OCT. 7, 2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-355-1459 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee The Committee to Re-Elect John A Hatcher Chancery Judge LLC
 Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

| | | |
|---|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Community Development Foundation</u> | <u> / / </u> | \$ <u>- 0 -</u> |
| Mailing Address | <u> / / </u> | \$ |
| <u>P.O. Box A</u> | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| <u>Tupelo, MS 38902</u> | Aggregate Year-to-date | \$ <u>250.00</u> |
| Purpose of Disbursement (Optional) | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | <u> / / </u> | \$ |
| | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| | Aggregate Year-to-date | \$ |
| Purpose of Disbursement (Optional) | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | <u> / / </u> | \$ |
| | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| | Aggregate Year-to-date | \$ |
| Purpose of Disbursement (Optional) | | |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | <u> / / </u> | \$ |
| | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| | Aggregate Year-to-date | \$ |
| Purpose of Disbursement (Optional) | | |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | <u> / / </u> | \$ |
| | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| | Aggregate Year-to-date | \$ |
| Purpose of Disbursement (Optional) | | |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <u> / / </u> | \$ |
| Mailing Address | <u> / / </u> | \$ |
| | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| | Aggregate Year-to-date | \$ |
| Purpose of Disbursement (Optional) | | |